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THIRTY-FIFTH
ANNUAL REPORT

From ON THE
HEALTH and
SANITARY CIRCUMSTANCES
OF THE
BOROUGH OF YEOVIL,
FOR THE YEAR
1907.

BY
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MEDICAL OFFICER OF HEALTH.

WITH THE
Annual Report of the Sanitary Inspector,

Mr. ARTHUR J. ABBOTT, P.A.S.I.,

Associate of the Royal Sanitary Institute.

Member Institute Sanitary Engineers.

Presented to the Town Council, February 10th, 1907



BOROUGH OF YEOVIL.

Annual Health Report

FOR 1907.

*To the TOWN COUNCIL of the
BOROUGH OF YEOVIL.*

MR. MAYOR AND GENTLEMEN,

I have the honour to present the Thirty-Fifth Annual Report on the health and sanitary circumstances of the Borough for the year 1907, for the information of your Council, the County Council, the Local Government Board and the Home Office. The report is arranged similarly to those of former years for facility of comparison.

Incidental Notes.

The population for the year was estimated at 11,448, the number of inhabited houses 2862. Density per acre 13·1, per house 4·0. The rateable value at £58,920.

VITAL STATISTICS.

BIRTHS.

The births registered have been 312—males 156, females 156. The birth-rate is 27·25 compared with the decennial (1897-1906) mean of 27·80, and is the highest birth-rate of the decennium except that of 1901 and 1904. The birth-rate of England and Wales for 1907 was 26·3. Of the births 10 were illegitimate—

males 2, females 8, of the females 2 must be deducted as belonging to mothers non-resident in the Borough. The corrected illegitimate birthrate thus becomes 0.6. The birth-rate for the year has therefore been satisfactory.

DEATHS.

The deaths registered have been 183—males 88, females 95. Of the deaths 5 were those of illegitimate infants. The death-rate for the year was 15.98 compared with the decennial (1897-1906) mean of 14.65. Corrected for the deaths of non-residents occurring in public institutions the death-rate becomes 14.78 compared with the mean rate of 12.90. The death-rate of England and Wales was 16.0. Absolutely and comparatively the death-rate of the Borough during the year is not high, but it would have been more satisfactory had it more nearly approached the mean. The causes of, and ages at, death will be found in Table. II.

Infantile Mortality.

This most important factor in vital statistics, recording the number of deaths of infants under one year of age during the year to 1,000 registered births. The number has been only 28 and its ratio to 1,000 births gives the infantile mortality rate of only 89.74, which is as much as 12.0 below the last decennial (1897-1906) rate; and further, is the lowest of seven out of the 10 years. The rate for England and Wales was 118. As the statistical standard for healthy districts for this country, under present hygienic circumstances is taken as 100, our local rate is very satisfactory, particularly so as the population is essentially an industrial one. Details of this mortality will be found in Table I. Premature birth will be there seen to be the cause of more than 50 per cent. of these deaths. Fortunately few married women labour in the factories, this in many places is believed, if not statistically proved to be, a potent predisposing cause of this untoward event, so that locally we are practically exempt from that factor. Another regrettable cause in this year's infantile mortality will be observed to be suffocation in bed—in other words "overlying."

Child Mortality,

Thirteen deaths of children (1-5 years) occurred, equivalent to a rate of 1.1. The causes were, 6 to zymotic diseases, viz.,

diphtheria 3, measles 2, zymotic diarrhoea 1; to tubercular diseases 3, to diseases of the respiratory organs (other than phthisis) 3, to other causes 1. It is noteworthy that zymotic diarrhoea and cerebral diseases are not contributing factors (as they often are so largely in industrial communities) and this is highly satisfactory.

Seven principal Zymotic Diseases.

I regret to record that the mortality under this heading has been unwontedly high, namely 20 deaths. Measles 2, diphtheria 17, zymotic diarrhoea 1. Equivalent to a rate of 1.74, the highest for 16 years. The rate for England and Wales was 1.28, that of the last local decennium (1897-1908) is 2.9. Regarded by itself the year's mortality under this heading is considerably below the mean. It is 33 years since there was a high diphtheritic mortality, consequently a large number of individuals "susceptible" from various causes, may have accumulated in the population. The decreased mortality from other zymotic causes is relatively satisfactory.

Tubercular Diseases.

Phthisis (or consumption of the lung), the chief of these diseases has caused 12 deaths, equivalent to a rate of 1.04. The rate for England and Wales is about 1.6. The mean number of deaths from phthisis for the last decade (1897-1906) is 11. Other tubercular diseases have caused 6 deaths, the total number of deaths from these diseases is 18 (against 14 for last year), equivalent to a rate of 1.5. It may be added disinfection of rooms after deaths from lung tuberculosis is carried out.

Respiratory Diseases.

Deaths from respiratory diseases (other than phthisis) have been 19, equivalent to a rate of 1.6. Twelve of the deaths were attributed to bronchitis, occurring at both extremes of life—4 under 1 year of age, 8 over 65 years. The decennial mean number of deaths from these diseases is 18.

Cancer.

Cancer has caused 9 deaths, the same number as last year; equivalent to a rate of 0.7, or 4.91 per cent. of the total deaths. During the last 14 years the deaths from cancer have been 119.

Comparative Cancer Rates.

BOROUGH OF YEOVIL.				COUNTY.			
Year.	Total Deaths.	Cancer Deaths.	Per cent. Total Deaths.	Cancer Deaths Urb. Dis.	Per Centage. Cancer Deaths to Urban Deaths.	Cancer Deaths in whole County.	Per cent. Cancer Deaths to whole Deaths.
1900	152	10	6.51	93	4.12	236	40.0
1901	135	7	5.10	112	5.62	305	5.71
1902	127	2	1.57	107	4.95	309	5.78
1903	131	10	8.26	115	5.80	331	6.35
1904	160	15	9.37	141	6.81	365	6.66
1905	135	12	8.88	131	6.32	321	5.98
1906	168	9	5.35	131	6.78	299	5.75
Mean	144	9.3	6.43	118	5.77	309	5.74

The Borough statistics will be seen to be above those of the Urban Districts, and the per centage of the County deaths from this disease.

Age.

Deaths at advanced age (65 years upwards) have been 74, compared with 52 for 1906. Of the deaths 26 were attributed to "age." The age-grouping was as follows:—

Under 70	75	80	85	90	95 upwards.	Total.
Deaths 18	25	15	11	1	4	74

The increase in the number of these deaths over those of the previous year is probably due simply to an increase in the number of survivors from previous years. In any way this longevity is satisfactory.

Inquests.

Six, compared with 8 in the previous year have been held, as subjoined:—

				AGE.	
Congestion of the lungs after fractured ribs	...	73 years	1		
Heart failure	...	70 "	1		
Suffocation in bed (overlying)	...	1 month	2		
" " "	...	3 "			
Drowned	...	11 years	1		
Perforation of large intestine	...	17 "	1		

Inquest deemed unnecessary in one case.

With regard to the deaths from "suffocation in bed" overlaying, I am glad the Coroner in the second case made some warning comments as to these infantile deaths. Every infant from birth should be provided with a "cot" to sleep in apart from its parents, the infant would benefit immensely. From the public health point of view preventable infantile mortality would be reduced, and there would be far fewer deaths from such a mechanical cause.

Notifiable Diseases.

These have numbered 141, and although large, it will be seen that it is considerably less than those of the two previous years.

Disease.	At all ages	1-5	5-15	15-25	25-65
Diphtheria ...	96	15	62	10	9
Scarlet Fever...	40	9	27	3	1
Erysipelas ...	5	—	1	—	4
Totals ...	141	24	90	13	14

The subjoined table sets forth the notifiable diseases since 1900 when the Act came locally into operation.

NOTIFIABLE DISEASES, 1900-1907.

Disease	1900	1901	1902	1903	1904	1905	1906	1907
Small Pox ...	—	—	—	—	—	2	—	—
Scarlet Fever	5	14	2	79	99	194	125	40*
Diphtheria ...	3	2	—	2	1	20	49	96
Typhoid Fever	3	—	—	1	—	2	—	—
Erysipelas ...	7	8	9	4	3	8	11	5
Septicaemia	1	—	—	—	—	—	—	—
Totals ...	19	24	11	86	103	224	185	141

* Of these 35 or 87.5 per cent. were removed to the Isolation Hospital.

Scarlet Fever.

Examining the above tables, although 40 cases of Scarlet Fever were notified it is satisfactory to observe this is the lowest number since 1903, 34 less than in 1906, and 74 less than the previous year 1905, and 84 below the mean of the four years previous to the present one. It is also satisfactory to observe that a very large proportion of the cases were isolated from the general community, the many advantages of this course to the public, to to the home, and to the patient are being appreciated. In the five cases retained at home there were adequate reasons, proper accommodation and nursing were available. Annexed are notes on the scarlet fever cases :—

SCARLET FEVER CASES.

Eruption.	Hospital Cases.	Complications.	Cases.	Ages.	Home Cases.	Ages.
Severe.....	19	Ear	1	2 to 5,	5	2
Marked	8	Rheumatism	3	5 „ 15	27	3
Typical	6	“Return” Cases	0	15 „ 25	2	0
Simple	2	Deaths	0	25 „ 30	1	0
6 were desquamating on admission.					35	5

INCIDENCE OF SCARLET FEVER CASES AND DEATHS MONTHLY, 1907.

	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total.
Notifications	4	8	8	7	0	1	2	4	3	2	0	1	40
Deaths	1	—	—	—	—	—	—	—	—	—	—	—	1

In the hospital cases the average gain in weight was 6·2lbs. The maximum was 13·6lbs., the minimum 1·6lb. The average duration of stay was 43·7 days, practically the same period as in previous years. The cost per patient was £4 2s. 2d. Cost per occupied bed £7 4s. The cost per patient has been higher than in late former years, though the number has been less, but it is due to the much greater relative cost of providing for small, as compared with large numbers. This is more than balanced by the reduced cost per occupied bed, £7 4s., against £11 16s., the mean of the three previous years to 1907 was nearly £19. The hospital was empty, which argues successful working and benefit to the community, specially an industrial one like ours, having free communication daily with a wide populous rural district around, on two occasions in the year, 16 days in June (11th-27th) and 41 days (from November 12th to December 23rd), total 57 days. I compute as in former years, on the basis of the English Life Tables the saving to the Borough by the work of the hospital during the year as £562. The chief factor in spreading the disease has been as in previous years—I believe, *indifference* in that section of the public contributing the greatest proportion of the cases, in a few cases the disease has been genuinely mistaken for measles, in others it was so mistaken by others consulted by the mothers. Six cases were admitted to the hospital “desquamating” (peeling) before discovered, for how many cases these were responsible is unknown. The scarlet fever rate for the year calculated on the whole population is 3·4 per 1,000 living. As the incidence of the disease falls under 15 years of age, and as at the last census the population

of the Borough up to that age-group was 3,073, the case-rate has been 13·0. As persons beyond the attack-age are practically immune, the above rate is the proper and recognised statistical expression for disease incidence.

Diphtheria.

The prevalence and mortality from this disease has been the most serious item in the vital statistics of the past year. For a period of 30 years the deaths from diphtheria numbered only 18. Notification of the malady only dates from 1900. From that year to 1904 only 8 cases with 2 deaths occurred. Unfortunately the national statistics for some years past prove that diphtheria has a tendency to invade urban districts. Locally, unhappily from 1905 the history of the Borough goes to confirm that fact thus—

	1900	1901	1902	1903	1904	1905	1906	1907
Notifications ...	3	2	0	2	1	20	49	96
Deaths ...	0	2	0	0	0	5	11	17

The case rate calculated on the whole population for the year is 8·4, calculated on the proper age groups (susceptible to the disease) taken from the last census returns, it is 30·5. The death-rate from the disease on the whole population is 1·4. It must be noted however that though the year's mortality from the disease has been heavy, it is proportionately less than that of the previous year (1906) otherwise the deaths would have been 21 instead of 17. The subjoined tables show the monthly incidence, the notifications, the deaths, and the age distribution of the malady.

INCIDENCE OF CASES AND DEATH.

	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Cases	6	18	8	7	6	13	1	2	5	11	12	7	96
Deaths	2	4	4	4	0	2	0	0	0	1	0	0	17

INCIDENCE OF AGE.

	0-1	1-2	2-5	5-10	10-15	15-20	25-30	35-40	Total.
Cases	0	1	15	48	13	8	5	6	96
Deaths ...	0	0	2	11	4	0	0	0	17

Antitoxin as in previous years has been gratuitously supplied at the public expense to medical practitioners for cases entitled to it :—Cases supplied at public cost 82. Units of antitoxin (2000) 14 ; (4000) 68. Cost of above units of antitoxin £23 2s. 6d. Calculated on the ratio of last year the saving of lives would be about 30, but making every allowance for the milder type of

many of the latter cases of the disease it may be estimated the lives saved have been at least 20. Of course the continued prevalence of the disease has caused much anxiety and investigation. As a precautionary measure on February 20th, the throats of the children (2250) in the Elementary Schools were examined by the several medical practitioners of the town, with the result that 39 presenting "suspicious" or "susceptible" conditions were excluded for a week. The disinfection of the schools by the spray method, once a week, has had generally satisfactory results. The epidemic formed a subject of discussion with Dr. Theodore Thomson, the Medical Inspector of the Local Government Board on his visit to the Borough. It may be here noted that the specific bacillus of diphtheria does not flourish in sewage or water. Its possible carriage through the milk supply has been investigated, resulting in negative conclusions. Dampness of the soil is held to be an indirect mode of propagation of the disease, through the alterations of the level of the ground-water and ground-air, caused by variations in the rainfall. Investigations on these points yielded also negative results. However as Dr. Thomson points out it is important that dampness of dwellings be remedied. There remains only one method of investigation which has not been employed at the public cost namely, the bacteriological—for these reasons.—In the matter of notification, there is no doubt of the nature of the disease when the case is certified. It would be impossible to trace all "suspects" or to test every case of "sore throat." Bacteriological tests demand time, and to be of service in establishing for the purposes of a general investigation a casual relationship, such an investigation would have to be practically continuous over a long period and necessarily the cost would be very considerable. Finally it is known "that often it appears impossible to trace any cause to which an outbreak (of diphtheria) can be attributed" with our present knowledge of etiology.

Measles.

The second most important event in the health history of the Borough in 1907 has been an epidemic of the non-notifiable disease, Measles, which fortunately was attended with only two deaths. The local history of Measles as far as I can ascertain from available statistics has during the past 30 years been this—

First Decade 1874-1883.		Second Decade 1884-1893		Third Decade 1894-1895	
Year.	Deaths.	Year.	Deaths.	Year.	Deaths.
1875	.. 3	1884	.. 24	1896	.. 17
1878	.. 11	1885	.. 6	1899	.. 3
1880	.. 3	1888	.. 7	1901	.. 1
1881	.. 4	1889	.. 1	1902	.. 4
		1890	.. 1		
		1891	.. 31		
		1892	.. 2		
		1893	.. 8		
	<hr/> 21		<hr/> 80		<hr/> 25
				Total deaths 126	

Thus during 30 years there have been 16 years in which fatalities occurred. The total deaths have been 126, an average of 4 deaths per annum. The I and III decades had only 4 years each in which deaths occurred, while every year of the II decade has some mortality; with an annual mean of 8 deaths, and two epidemics (one including 24 deaths, the other 31) the mortality of this decade was nearly four times that of the first, and three times that of the third. Of the cases occurring in these decades I have no information, nor in any subsequent year, as measles is a non-notifiable disease. Briefly the history of the epidemic of this year is this: On June 24th, through the courtesy of a medical practitioner I received information of 8 cases of measles, on investigating, 6 were found to attend one public elementary school, 2 an adjoining public school (some 50 yards away) these were duly reported to their respective schools and due precautions taken. While prosecuting the investigations I learnt two days afterwards that there were 96 absentees, chiefly in the infant department of the first named school, the next day in the two schools these became 121, the third day 208, the absenteeism being chiefly ascribed to measles. Investigation was at once redoubled in energy, with the result that 35 per cent. of the total absentees were verified as cases of measles. Enquiries extended to the other schools proved they were also implicated, though to a much less extent. A special meeting of the Education Com-

mittee was forthwith held, and on my advice all the schools were closed for six weeks. Fortunately at this juncture the isolation hospital was empty, I therefore enlisted the services of the Matron in visitation of the homes, giving advice and assistance to mothers. By August 5th, only 6 cases were known to us, and as full particulars of these were given to the schools and no children were admitted from the infected families, the schools were re-opened as desired on August 12th. Shortly afterwards Hendford school had become again infected to such an extent that it had to be again closed—this re-infection was found afterwards to be caused by cases hitherto unknown to us. About the same time two of the other schools showed re-infection from a similar cause, so that on September 26th on my advice the Education Committee re-closed three out of the five schools. The two Huish schools, originally first infected, it was found unnecessary to interrupt in their work. Our visitations were renewed, after permitting nearly a fortnight to elapse subsequent to the recovery of the last known cases—and being quite unable to find or hear of any others—the three re-closed schools were finally re-opened October 28th, marking the end of the epidemic. Briefly, the leading statistics of this epidemic are these 598 cases in 424 families came to our knowledge. All were visited at least twice, many three or more times, so that some 1,550 visits were made at least. I desire here to record my personal indebtedness to the Matron of the Isolation Hospital, Nurse Arnold, for her untiring energy and assistance in grappling with this epidemic, and to note how much the mothers of the town whose children were the subjects of the disease, owe to her. Out of the total number of cases known, 550 may be taken as school-going children. The absenteeism of a child during a school-week represents a value of 1s.; the schools were closed for 18 weeks, so that this epidemic of measles represents a monetary value of at least £495, or a 2½d. rate. As under the provisions of the Education Act I am able to certify the closure being due to an epidemic, the actual loss will be comparatively small. During and towards the end of the epidemic, it became more and more certain that some cases, possibly a moderate number, did not come to our knowledge at the time of their occurrence, so that it may be taken that the epidemic comprised about 650 cases, with fortunately only two deaths. The annexed statistics show the progress and nature of the epidemic.

PROGRESS AND NATURE OF THE MEASLES EPIDEMIC.

Week ending.	Attacks.	Week ending.	Attacks.	Age-groups.		Families with
June 29... 112		Sep. 7..... 34		Under 1..... 30		1 case 315
July 6... 16		„ 14..... 31		„ 2..... 34		2 „ 59
„ 13... 76		„ 21..... 11		„ 5..... 228		3 „ 37
„ 20... 37		„ 28..... 82		„ 7..... 193		4 „ 7
„ 27... 62		Oct. 5..... 22		„ 10..... 98		5 „ 5
Aug. 3... 37		„ 12..... 13		„ 15. 12		6 „ 0
„ 10... 8		„ 19 8		„ 18 to 24... 3		7 „ 1
„ 17... 21		„ 26 . . . 3				—
„ 24... 14						424
„ 31... 11						—
			598	Males.....	265	
				Females.....	333	

The Sunday School authorities were at once informed of the nature and extent of the epidemic both in the case of diphtheria and measles, and readily deferred to the suggested exclusion of children under seven years of age.

Public Elementary Schools.

In consequence of the numerous visits made to them in connection with the infectious disease investigation, during the year they have been under frequent observation. To my description of the excellent condition of the newer schools, and the generally satisfactory conditions of the older ones given in former reports, there is nothing to add, except this that the addition of a much needed playground to the Huish old School spoken of in last year's report has been accomplished by the Education Committee. A small burial ground, originally formed by the Calvinists in 1804, long disused (next which the above school was built in 1848), having an area of 150 square yards, enclosed with a wall, has been asphalted, new lavatories erected, the school premises re-drained, and the above area added to them at a cost of £335.

Under the subject of the Public Elementary Schools, great satisfaction to sanitary and educational authorities must be expressed, that at length the Legislature has taken the natural and logical step of co-ordinating these important branches of the public service under the Educational (Additional Provisions) Act 1907. The application of its provisions is compulsory, and when conscientiously carried out, must in time, do much to promote the object of the measure. Commencing with the child's home environment, following it through its school life, it aims at raising

our standard of child-health, thus enabling the elementary school children to profit by their education by drawing forth and cultivating all their physical and mental powers. To assist the Education Committee I have collected certain leading data from the scholars of the elementary schools bearing on the work of medical inspection under the new Act; as a guide to the Committee and others as to the nature and probable extent of the conditions to be met and remedied. Until, however, the question of the retention or transference of the control of the schools to the County Council is settled, this important work must be in abeyance.

Housing of the Working Classes.

Some action in connection with this matter has been taken during the year. On July 2nd, a closing order for 15 out of 46 cottages in New Prospect Place in my opinion "unfit for human habitation" was obtained, with costs, the Court granting two months in which to effect the required work. At the end of that period an application for recession of the order was made. The greater part of the required alterations having been done, in the face of the dearth of cottages of similarly low rental, official opposition was withdrawn, conditional on the rest of the required work being effected. The remainder of these delapidated cottages remain voluntarily closed. The closure of five out of six cottages in South Street has also been voluntarily effected as being unfit for habitation. On the same grounds of non-habitability a closing order, under peculiar legal complications, was obtained for a house in Queen Street. The property thus passing into other hands its habitability will be secured.

Dairies, Milkshops, Bakehouses and Slaughter Houses.

The usual inspection and supervision of these have been made. The Medical Inspector of the Local Government Board also inspected some of these and alluded to them in his Report. The general conditions of the Dairies, Milk-shops and Bakehouses is satisfactory. More detailed examination of the Slaughter-houses has been made with a view of requiring their observed defects being as far as possible remedied.

Factory and Workshops Act.

The sanitary requirements of these Acts generally speaking have been fairly observed. Special sanitary inspection into

details of drainage, of sanitary accommodation, and disposal of trade refuse, has been made in some cases ;—which work will be continued during next year. Special investigations as to the best method of satisfactorily treating the difficult “ trade wastes ” on the spot where they are produced, namely in the factory yards, have been made. As a result the Surveyor has designed a gravitation and upward filtration tank, best calculated to economically effect the end in view. This tank is about to be put into operation in two instances, and if it proves satisfactory will materially assist in solving a difficult local sanitary problem. The factory lists do not show any marked alteration except the addition of 30 new outworkers beyond the Borough. The total number of workers appear to be 3390. Eight communications with respect to factories, workshops, etc., have been received from the District Inspector, these have been forthwith attended to, and the wishes of the inspector have been carried out as far as possible. One communication relative to the Census Production Act has been received from the Board of Trade and complied with. Experience of the practical working under ordinary existing conditions of the above Act impels me to the opinion that the amount of inspection and clerical work involved in the full carrying out of its provisions in a fairly populous industrial community, requires the *compulsory* appointment (at all events in urban districts) of a competent special officer, to assist the sanitary inspector, and to do the very considerable amount of purely clerical work required, if the continuous and efficient routine sanitary work on behalf of the general population is not to be neglected ; when this work is considerably augmented—as by the presence of an epidemic—it is impossible that it should be otherwise.

Report of the Local Government Board.

A notable event in the sanitary history of the Borough has been the inspection, in May, by Dr. Theodore Thomson, on behalf of the Local Government Board, into the sanitary circumstances and administration of the Borough. I had the pleasure and advantage of accompanying Dr. Thomson in the greater part of his investigations. Your Council received his report on Aug. 27th, It is a valuable document both with respect to present sanitary circumstances, and for future reference and comparison. Your Council has taken active steps to meet the several insanitary con-

ditions and recommendations contained in the Report, and are sparing no efforts or expense to remedy the local difficulties to the satisfactory disposal of the sewage, and ultimately the provision of an efficient Destructor (noted in my Annual Report for 1904) for the better disposal of the domestic refuse.

Disinfection.

This important work during the year may be summarised thus :—

Disinfection of rooms after infectious diseases ...	125
Personal disinfections about	140
Disinfection of rooms after death from Phthisis	11
Sets of clothing or articles disinfected	37
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Systematic Inspection, etc.

Personally so much of my time has been occupied with inspections and investigations in connection with the heavy infectious diseases work—more particularly diphtheria, and the epidemic of measles—that I have been unable to undertake much ordinary inspectional work. Subjoined is a summary of what has been effected by me—

Premises inspected in connection with notifiable infectious diseases	136
Visitation to, or of supervision in connection with cases of measles	598
Inspection of factories, workshops, etc.	54
Special inspections with the Sanitary Inspector	58
Attendance at legal proceedings	2
Attendance at meetings of the Education Committee in connection with infection, &c., of schools	8
Attendance at meetings of Education Committee to 'advise' under sec. 7, Medical Inspection of Schools' Order ...	2
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Sanitary Inspector's Report.

I have much satisfaction in noting the annual report of the sanitary inspector, Mr. Arthur J. Abbott, Associate of the Royal Sanitary Institute, Professional Associate Surveyors' Institution, and Member Institute Sanitary Engineers, who took office on May 6th. It will be seen that he has been very active

in his department, has done a great deal of excellent inspectional work, and effected the carrying out of a large amount of very good and important sanitary work, largely in the substitution of new for defective arrangements, or when this has not been necessary, by effecting great improvements in existing constructions. All this has been accomplished by his courtesy and tact, without practically any friction from owners and others. I have much pleasure in testifying to these facts, because the health of the Borough cannot fail to be promoted thereby.

New Public Health Legislation.

Respecting the Notification of Births Act, which is permissive in adoption, and aims at the reduction of infantile mortality by the early notification (6 to 36 hours after the event) of birth. Apart from certain objections which have been raised, the mere early notification to a Medical Officer of Health without the means or power of swiftly and directly averting the potential dangers to the poorer class of mother and infant—due largely to ignorance, unskilled attendance, improper feeding, overlying and poverty; the chief causes of infantile mortality (with its incidence of under one month's existence) can be of little direct service; on the other hand the application of indirect means through the slow moving legal machinery applicable to insanitary environment, overcrowding, dirt, etc., is too remote to grapple with infantile deaths occurring in the early months of life. Failing the provision of direct means and power to combat the common causes of infantile mortality, compulsory registration within two days (instead of 42 as now allowed) would at least have immensely improved the strict comparison of our national birth and death statistics. Considering all the local circumstances, together with happily the low infantile mortality of the Borough, I do not urge the adoption of the Act at present. The provisions of the Public Health (Amendment) Act with respect to the spread of infectious disease, through individuals, through vehicles, and through milk supplies, cannot fail to be of service under certain conditions met with in preventive sanitary work. The Factory and Workshops (Amendment) Act extending the provisions of the previous Acts to laundries auxiliary to other business, or for the purposes of any charitable or other public institution, may find local application. Undoubtedly the most important and far reaching measure of the year is the Education (Adminis-

trative Provision) Act, co-ordinating the public health and education authorities, and with the aim—worthy of our national aspirations—that every public elementary school child may have all his or her physical and mental capabilities drawn forth and so cultivated (which is true education) as to be well fitted to take up the duties and responsibilities of adult life.

Byelaws.

The continual progress of sanitary science and legislation and change in local circumstances render it desirable (as also recommended by Dr. Thomson), that the present bye-laws be revised, when an appropriate opportunity presents.

Rainfall.

Through the courtesy—as in former years—of Mr. E. Howell, I am able to give the rainfall for 1907, namely, 29·64 in. That at the Sewage Works was 30·74 in.

H. PAGE, M.D., D.P.H.,

Medical Officer of Health.

Yeovil, Feb. 10th, 1908.

Table of Prevalence and Mortality of Diphtheria and Scarlet Fever in the Rural District of Yeovil, from Dr. Thomson's Report to the Local Government Board (No. 280), 1907, compared with the Borough of Yeovil by Dr. Page, M.O.H., Annual Report, 1907.

DIPHTHERIA.

SCARLET FEVER.

	Yeovil R.D.		Yeovil Borough.		Yeovil R.D.		Yeovil Borough.	
	Cases.	Deaths.	Cases *	Deaths.	Cases.	Deaths.	Cases.*	Deaths.
1890	4	3	1	—	203	41	67	0
1891	2	1	0	5	71	1	23	0
1892	4	0	1	0	43	2	14	1
1893	11	3	3	1	110	3	36	0
1894	4	2	1	1	30	1	10	0
1895	2	0	0	0	20	0	6	0
1896	8	4	2	0	42	0	14	0
1897	9	3	3	0	33	1	11	0
1898	6	2	2	1	10	0	3	0
1899	7	3	1	2	18	1	6	0
Totals	57	21	15	10	580	50	190	1
1900	41	15	3	0	32	1	5	0
1901	33	4	2	2	60	1	14	1
1902	47	6	0	0	58	0	2	0
1903	22	5	2	0	101	1	79	0
1904	28	6	1	0	67	1	99	0
1905	60	9	20	5	96	3	194	3
1906	19	5	49	11	93	0	125	3
1907	27 ^a	3	96	17	11	0	40	0
Totals	277	53	173	35	518	7	558	7

*There being no notifications in Yeovil Borough prior to 1900, these figures are hypothetical on the basis of relative population.

^a Figures to complete this date kindly furnished by Dr. J. D. Adams, M.O.H.

Rural District of Yeovil 1901 population 17,520. Area 55,098 acres, 1906 population 16,080. Decrease of 1263.

Borough of Yeovil population 1901 9,838. Area 654 acres. Enlarged 1904 to estimated population 1907, 11,448, on 852 acres. Population increase 190 per annum.

Tables showing the comparative position of the Urban District (Borough) of Yeovil, with the Twenty-two Urban Districts and the Rural District of Yeovil, in the County of Somerset.

Compiled from the Official Summaries of the Annual Reports of the Medical Officers of Health, and other authoritative sources. By and as an appendix to the Annual Report of the Medical Officer of Health, Borough of Yeovil, 1907.

COUNTY URBAN DISTRICT.	YEOVIL RURAL DISTRICT.	YEOVIL BOROUGH.
Number of Urban Districts 22	39 Parishes	One
Population 149,021. Maximum in any Urban Parish 21,796. Minimum 1,417	16,080	11,448
Order of greatest population—I Taunton, II. Bridgwater, III. Weston-super-Mare		IV. in order
Area of Urban Districts 38,894 acres. Maximum 5,295 acres. Minimum 182 acres	54,693 acres	852 acres
Mean density per inhabited house of population 4.47. Maximum 5.3. Minimum 4.0.	4.1	XIV. in order 13.1 acres 4.0
No. of Isolation Hospitals, 13 (2 temporary)	0	Largest urban population with this density
Increase (between censuses) population in 17 Urban Districts 12,785 (In 5 the population is decreasing)	1,711	Two—One scarlet fever, one small pox
Mean natural annual increase population 1,278	171	190
		XI. in order of incrs. 160
Occupations—Eight Urban Districts mainly agricultural	Agricultural	Area enlarged 1904 VI. in order increase of population Glove manufact'ng the staple industry being centre of

Table continued pages 21 and 22.

COUNTY URBAN DISTRICTS, 1897-1906.	URBAN DISTRICTS.			YEOVIL RURAL.			YEOVIL BOROUGH.		
	Max.	Min.	Mean.	Max.	Min.	Mean.	Max.	Min.	Mean.
Birth-rate	26·81	23·10	24·5	24·54	21·0	23·47	29·74	21·70	26·03
Death-rate	17·19	13·70	15·10	15·17	12·20	13·47	18·90	12·74	14·65
Seven Princip. Zymotic Diseases.	1·57	0·60	0·99	1·36	0·50	0·97	1·38	0·30	0·89
Infantile Mortality (1000 births) ..	142·7	89·0	115·0	97·6	65·5	84·46	97·6	65·5	74·0
Mean Annl. Max. & Min. Deaths	40	1	135	23	5	16	24	5	16
Mean Annual Death-rate of above	2·87	0·28	0·89	—	—	0·97	—	—	—
0-1 Mean Annual Number ..	78	2	424	46	27	35	43	18	27
1-5 (Four years only distinguish) ..	36	1	170	27	14	82a	15	4	19
65 yrs. upwards (4 yrs. only dis.).	127	5	731	123	85	104	74	43	55
Respiratory. Mean Annl. Deaths	49	2	306	43	16	27	55	16	31
Phthisis	22	1	132	18	10	14	18	10	14
Other Tubercular Disease (7 yrs.)	8	1	38	7	1	3	10	2	4
Cancer (7 yrs.)	22	1	121	23	14	17	15	2	9

Causes of Zymotic Deaths.

Small-pox (Mean Annual No. in any Urban District)	0	0	0	0	0	0	0	0	0
Scarlet Fever	2	1	6	3	1	7	3	1	47
Diphtheria	6	1	20	15	2	58	12	1	2
Measles	11	1	30	10	1	31	4	1	0·9
Whooping Cough	10	1	26	11	1	28	7	1	1·7
Enteric Fever.. ..	2	1	6	5	1	15	2	1	0·4
Zymotic Diarrhoea	11	1	37	9	1	25	4	1	1
Erysipelas	1·8	1·1	3	1	1	2	1	1	0·2

NOTIFIABLE DISEASES.

CASES.	URBAN DISTRICTS				YEOVIL RURAL.			YEOVIL BOROUGH.		
	No. 5 years 1896-99.	Sent to Hospital 1897-1906.	Mean Anl.No. 10 years 1897-06.	Annual No.	Max.	Min.	Mean.	Max.	Min.	Mean.
Small-pox (Mean any District)	4	3	* 0.6	..	0	0	0	2†	1	0.4
Scarlet Fever ..	700	227	42	..	101	10	57	193†	2	73†
Diphtheria ..	221	49	11	..	60	6	27	49||	1	11||
Measles b ..	548	0	54	..	--	--	n't gvn	not	notified||	||
Whooping Cough	?	?	3	..	--	--	?	0	0	0
Enteric Fever..	117	15	35	..	25	1	72	3	1	0.8
Zymotic Diarrhoea	40	?	77	..	22	--	?	0	0	0
Erysipelas ..	301	?	77	..	22	5	128	11	3	0.7

a Three years returns only available. b Notifiable only at Wells.

* Figures of admission to Hospital unavailable since 1899.

|| Seven years the full period of notification in force. Three unusual epidemic years included.

|| Include two unprecedented (30 years) epidemics, both in mortality and morbidity.

† Epidemic in 1906.

TABLE I. INFANTILE MORTALITY DURING THE YEAR 1907, IN THE BOROUGH OF YEovil.

Deaths from Stated Causes in Weeks and Months under One Year of Age.

Cause of Death.	Under 1 week.	1-2 weeks.			2-3 weeks.			3-4 weeks.			Total under 1 month.	1-12 months.										Total Deaths under 1 year.
		1-2 weeks.	2-3 weeks.	3-4 weeks.	1-2 weeks.	2-3 weeks.	3-4 weeks.	1-2 months.	2-3 months.	3-4 months.		4-5 months.	5-6 months.	6-7 months.	7-8 months.	8-9 months.	9-10 months.	10-11 months.	11-12 months.			
Causes { Certified All { Un- Certified	9	2	3	1	15	1	1	1	2	5	0	0	0	1	2	0	1	1	28	0		
Whooping Cough										1									1	2	8	
Gastritis ..	8				8														1	2	3	
Premature Birth					1														1	2	3	
Congenital Defects					2														1	2	3	
Want of breast milk--starvation)																			1	2	3	
Meningitis, not tuberculous																			1	2	3	
Convulsions ..	1				1														1	2	3	
Bronchitis ..		1			1														1	2	3	
Suffocation					1														1	2	3	
Overlying					1														1	2	3	
Other Causes ..				1	1														1	2	3	
	9	2	3	1	15	1	1	1	2	5	0	0	0	1	2	0	1	1	28	0		

Births { Legitimate 302 } 312 Deaths { Legitimate Infants 23 } 28
in the year { Illegitimate 10 } in the year of { Illegitimate " 5 }
Deaths from all causes at all ages, 183.
Infantile Mortality rate, 89.74.

Population (est.) 11,448

TABLE II. CAUSES OF, AND AGES AT DEATH, DURING YEAR 1907, IN THE BOROUGH OF YEOVIL.

CAUSES OF DEATH.	All Ages.	Under 1 year.	1 and under 5.	5 and under 15	15 and under 25	25 and under 65	65 and upwards.
Measles	2		2				
Scarlet Fever	1			1			
Whooping Cough.. ..	1	1					
Diphtheria	17		3	14			
Epidemic Influenza	2						2
Diarrhœa, Zymotic	1		1				
Other Septic Diseases	2					1	1
Phthisis	12				2	8	2
Other Tubercular Diseases	6		3	1	2		
Cancer	9					7	2
Bronchitis	12	4					8
Pneumonia	3					3	
Other Disease of Respiratory Organs	4		3				1
Alcoholism	3					3	
Premature Birth	8	8					
Heart Diseases	21					6	15
Brain Diseases	22	3			2	7	10
Neuroses	3	1	1			1	
"Age"	26						26
Rheumatism, Acute	1					1	
Inanition	2	2					
Nephritis	2					1	1
Diabetes Mellitus.. ..	2					2	
Accidents	2	1		1			
All other causes	19	8			1	3	7
All Causes	183	28	13	17	7	43	75

The three other Official Tables of the L.G.B. are not reproduced, as their substance is contained in the matter of the Report.

SUMMARY OF LEADING STATISTICS
AND
PUBLIC HEALTH EVENTS
OF THE
BOROUGH OF YEovil.
1907.

From the Medical Officer's Health Report for 1907.

AREA.—852 acres. Inhabited houses, 1906 (end) 2883, 1907 (end) 2928.

RATEABLE VALUE.—(Valuation Lists) £58,920.

POPULATION.—Census 1901, 9,838 ; estimated 1907, 11,448 ; estimated 1908, 11,618. Density per acre, 13·1 ; per house, 4·0.

STREETS.—83 (3 new ones, 1907, Glenville Road, Garfield Road Percy Road), newer streets 32. Length of streets, 11 miles. Main roads, 5. Total 16 miles.

GEOLOGY.—Upper and Middle Lias, with local “ Yeovil sands.”

ALTITUDES.—Above Ordnance datum, 105ft. to 353ft. ; Town Hall, 173ft.

RAINFALL.—Decennium 1874-1904, mean, 29·69in. Town, 1907, 29·64in. Pen Mill (Sewage Disposal Works), 30·74in.

INDUSTRIES —Glove (leather) manufacturing the staple. Also Iron Foundries, Tallow Melting, Butter, Cheese, and Prepared Foods manufacturing. Factories 49, Workshops 48, total 97. Hands employed under the Factory and Workshops Act, about 3,396.

MUNICIPAL WORKS.—Gas, Water, Sewage, Scavenging.

WATER SUPPLY.—About 30 gallons per head per diem.

SEWAGE DISPOSAL.—Bacteriological. Two acres of Filters, and Land (15 acres). Special methods of satisfactorily disposing of the peculiar trade refuses which embarrass the works are about to be carried out. Also the disposal of the domestic refuse by a Destructor.

ISOLATION HOSPITALS.—Municipal Scarlet Fever (20 beds) at Lyde Lane, Small-pox (6 beds) at Whistle Bridge.

BIRTH RATE.—Decennium (1897-1906), mean, 27·80. Births, 1907, 312, rate 27·25. England and Wales 26·3

DEATH RATE.—Decennium (1897-1906) mean 14·65, Corrected 12·90. 1907 number 28 ; rate 89·74. England and Wales 15 16·0.

INFANTILE MORTALITY.—Decennium (1897-1906) mean 101·7. 1907 number 28 ; rate 89·74. England and Wales 118.

ZYMOTIC MORTALITY.—Decennial mean 7 ; rate 0·8. 1907 number 20 ; rate 1·7.

RESPIRATORY MORTALITY.—Decennial mean number, 18 ; 1907 number, 19 ; rate 1·6.

PHTHISIS.—Decennial mean number 11 ; 1907 number 12 ; rate, 1·04.

OTHER TUBERCULAR DISEASES.—Decennial mean number, 7. 1907, number 6 ; rate 0·5.

CANCER.—Decennial mean number 9·3 ; 1907 number 9 ; rate 0·7 or 4·91 per cent. of the total deaths. County Septennial mean of its Urban District deaths 5·77 per cent. To the County deaths from all causes, 5·74 per cent.

NOTIFIABLE DISEASES.—Septennial (1900-1906) mean number 93. 1907, 141. Of these scarlet fever 40. Removed to Hospital 87·5 per cent. Deaths, 0. Mean stay, 43·7 days. Cost per patient, £4 2s. 2d. Cost per occupied bed, £7 os. 4d.

Diphtheria (no hospital accommodation), 96 cases. Deaths, 17. No outbreak for eight years.

SUMMARY OF THE PUBLIC HEALTH EVENTS OF THE YEAR,—1907

Birthrate satisfactory. Deathrate absolutely and relatively not high, but 1.8 above the decennial mean rate, due to unprecedented prevalence and mortality (though relatively less than 1906) from diphtheria. Epidemic of Measles (16 years since last one of note), 598 known cases with only two deaths.

ISOLATION HOSPITAL, LYDE LANE.—For Scarlet Fever, empty on two occasions during the year, together making 57 days.

L.G.B. INSPECTION.—By Dr. Theodore Thomson into the sanitary circumstances and administration of the Borough in May, Report received August 27th, 1907.

Sanitary prosecution (Rivers' Pollution Act) by the County Council (December) for pollution of the River Yeo by sewage. Court was satisfied that the Town Council was sparing no expense or efforts to remedy the peculiar local difficulties to the satisfactory disposal of the sewage, with its "intractable agencies."* To formulate a scheme by March 31st next, and obtain tenders within two months of obtaining the approval of the L.G.B., and to complete the works within 18 months from the date of the contract.

* Hair wool excess of Ca.

EXTRACTS FROM THE
ANNUAL REPORT
OF THE
SANITARY INSPECTOR & BUILDING SURVEYOR
FOR 1907.

To the Yeovil Town Council.

MR. MAYOR AND GENTLEMEN,

I have the honour to present herewith a brief Statistical Summary of the work of my department during the past year. I have, as far as possible, endeavoured to embody the whole of work executed during the year, but it will be understood the figures, unavoidably, refer more particularly to the period during which I have personally held office, viz.—May to December.

For the purposes of the Medical Officer of Health's Report it is deemed sufficient to append the following table of works executed, and, by request, I have adhered to the same form as used in previous years, for purposes of reference.

It is impossible, however, from statistics of this kind to form a true conception of the extent of the works carried out, much of which during the past 8 months has been on an important and extensive scale, involving an expenditure of considerably over £1,200. Feeling that the members of the Council should be familiar with the nature of the improvements thus effected, I therefore propose to present, as soon as possible, a detailed report of the work of the past year, together with my observations on the various matters that have come under my notice.

I wish also to take this opportunity of thanking the members of the Council for the kind consideration shown to me during my first period of office, particularly to the Mayor and the past and present chairmen of the Sanitary Committee (Mr. Ald. Stiby and Mr. Councillor Moffat) for valued assistance in carrying out my duties.

Assuring the Council of my continued active endeavours to promote the sanitary welfare of the Borough,

I beg to remain, Gentlemen,

Your obedient servant,

ARTHUR J. ABBOTT,

*Sanitary Inspector, Deputy Borough Surveyor,
and Waterworks Manager,*

NO. of HOUSES AND PREMISES INSPECTED	..	..	522
NO. of RE-INSPECTIONS OF HOUSES AND PREMISES in connection with the abatement of nuisances	..	..	662
		Total	<u>1184</u>

RESULTS OF INSPECTIONS:

Orders issued for Sanitary Amendments	..	..	..	124
Houses and Premises.	{	Cleansed, Repaired, Whitewashed, &c.	..	76
		Disinfected, Cleansed, and Whitewashed after illness of Infectious Character—Scarlet Fever, 40; Diphtheria, 96; Phthisis, 11	..	147
		Yards Repaved or Repaired	..	57
House Drainage.	{	Repaired, Amended, Cleansed, Trapped and Ventilated	..	32
		New Systems of Drainage Provided to existing Houses	..	26
		Smoke Tests applied to Drains affecting 96 Dwellings	..	66
		Defective Traps Condemned and Removed	..	134
		New Stoneware Yard Gully Traps fixed	..	200
Privies and W.C.'s	{	Privy Midden done away with	..	1
		W.C.'s Repaired, Lighted and Ventilated	..	71
		Closets Supplied with Flushing Cisterns	..	89
		„ „ „ New “ Pedestal ” Pans and Seats	..	90
		(A similar number of foul “ Long Hopper ” pans have been Destroyed)		
		New W.C.'s built complete	..	19
		New Automatic Earth Closet	..	1

MISCELLANEOUS—

Removal of Filth	..	...	..	..	..	4
Keeping of Animals, &c.	..	..	..	..	..	8
Houses Closed as unfit for Habitation	..	..	..	..	..	58
New Floors to Stables	..	..	..	..	..	8
New Urinals Erected	..	..	..	..	..	2

Statutory Inspections have also been made of the Factories, Workshops, Bakehouses, Dairies and Milkshops, Slaughterhouses, &c., and defects dealt with.

Report of Building Surveyor.

BUILDINGS COMPLETED—

Dwelling Houses	...	...	..	66
Trade and other Buildings	...	...	...	15
				<hr/> 81
Inspection of Buildings in course of erection	...			145
Systems of Drainage to New Buildings, tested and approved	...	...	...	47

Four Cases of Buildings being erected without first submitting plans to the Council have been discovered and reported, and in several cases serious contraventions of the Bye-laws have been detected and remedied.

ARTHUR J. ABBOTT,

Professional Associate Surveyors' Institution.
Associate Royal Sanitary Institute.
Member Institute Sanitary Engineers.